

“Health Professional Training Tools for the Delivery of Culturally Competent Care”

Office of Minority Health

***U.S. Department of Health and Human
Services***

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OMHHD/DHMH

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Presentation Outline

- ◆ ***Office of Minority Health Mission***
- ◆ ***Strategic Goals/Cultural Competency***
- ◆ ***Health Disparities***
- ◆ ***Demographics/Language***
- ◆ ***Center for Linguistic and Cultural Competence in Health Care***
- ◆ ***Cultural Competency Training Tools***
- ◆ ***Future Efforts***



Office of Minority Health's Mission Statement

To improve the health of racial and ethnic populations through the development of health policies and programs that help to eliminate health disparities.



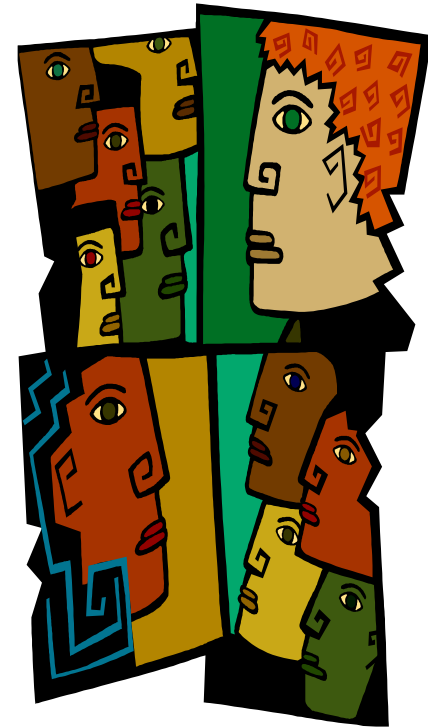
OMH Strategic Goals

- ◆ ***Cultural and Linguistic Competence/Health Literacy***
- ◆ ***Population Specific Initiatives***
- ◆ ***Enhanced Racial/Ethnic Data Collection***
- ◆ ***Workforce Development***
- ◆ ***Dissemination of Knowledge***



Why Cultural Competency?

- ***Increasing racial and ethnic diversity of U.S. population demands new skills from health care workforce***
- ***Lack of cross-cultural training programs***
- ***Enhance health care providers' communication skills – improving health care for all patients***
- ***Improve health status of racial and ethnic minority populations***
- ***Close the gap between minority and non-minority populations***





What is cultural competency?



- ◆ ***Cultural competency is effectively providing services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and preserves their dignity.***
- ◆ ***It encompasses a person's race, ethnicity, religion, gender, sexual orientation, age, disability, and socioeconomic status.***



How did we get here?

Key Events and Findings in Cultural Competency

Title VI of the Civil Rights Act of 1964

- ***Prohibits discrimination on the grounds of race, color, or national origin***

Healthy People 2010 (HHS, 2000)

- ***HHS' public health agenda established the elimination of health care disparities as one of two overarching national goals***



National Standards for Culturally and Linguistically Appropriate Services in Health Care

- ***Released in 2000***

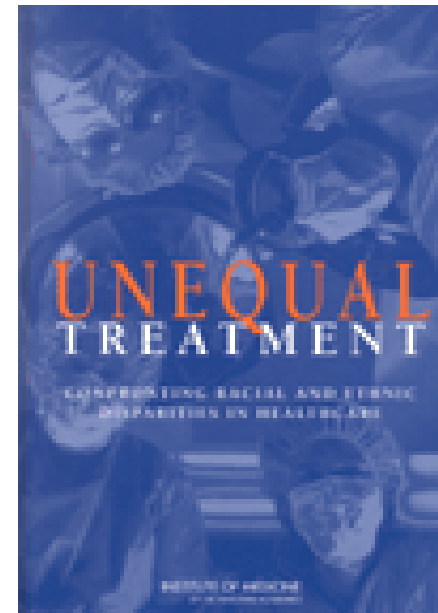
How did we get here?

Key Events and Findings in Cultural Competency



Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (IOM, 2002)

- ***Racial and ethnic disparities in health care exist and, are unacceptable***
- ***Minorities receive lower quality of health care even when socio-economic and access-related factors were controlled***
- ***Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in healthcare***



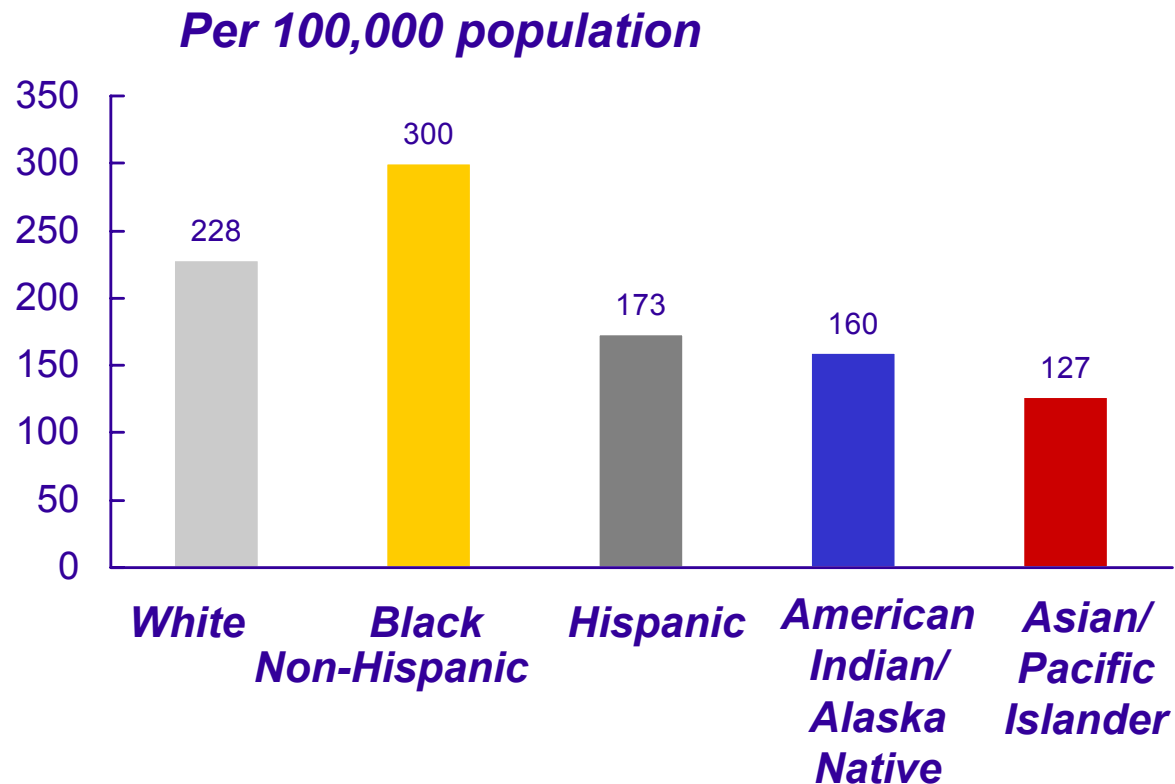


What are “Health Disparities?”

- ◆ ***"Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States"***



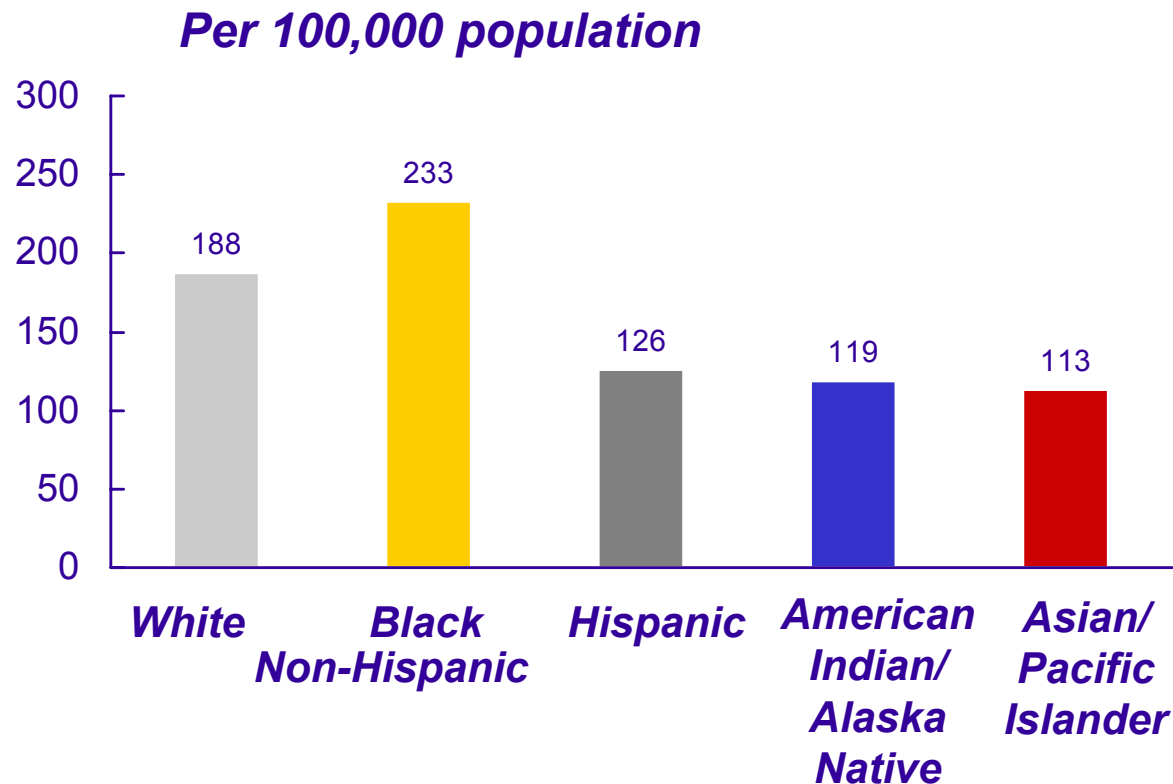
Coronary Heart Disease Death Rates, ***Age-Adjusted Mortality Rates per 100,000 Population***



***Source: Health, U.S. 2003: CDC/NCHS, National
Vital Statistics System***



Cancer Disease Death Rates, ***Age-Adjusted Mortality Rates per 100,000 Population***



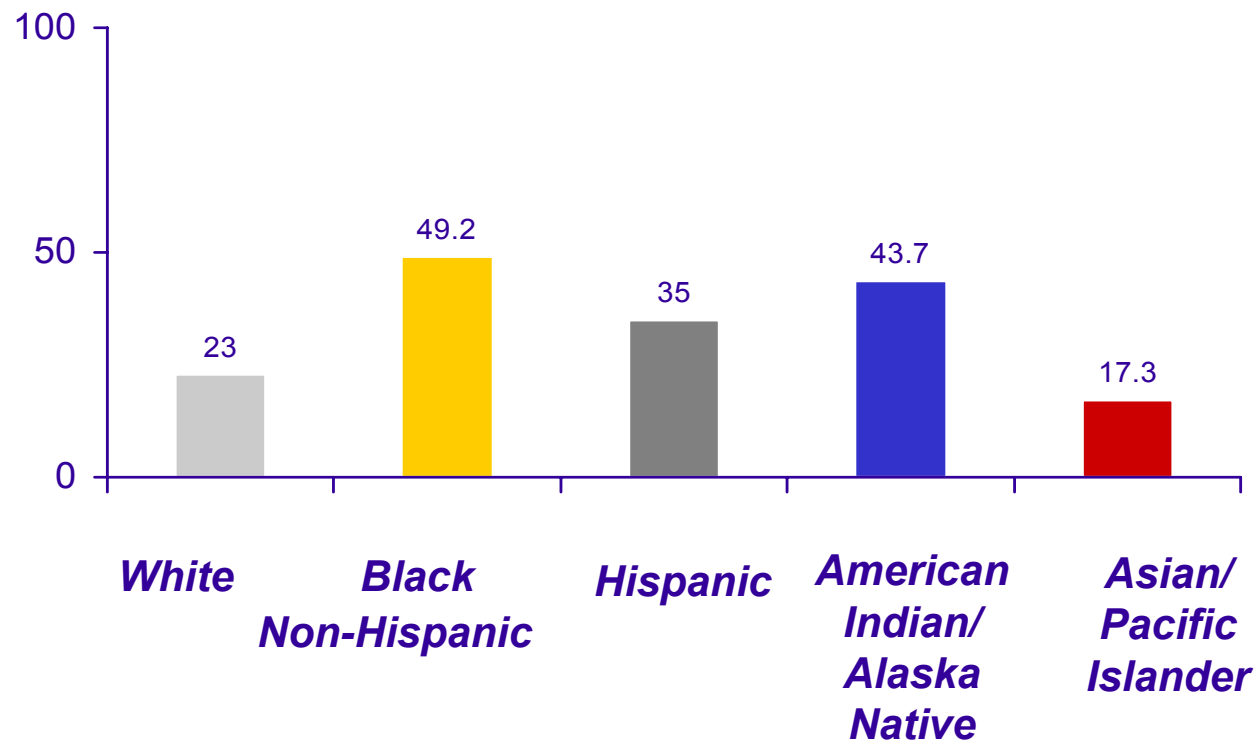
Source: Health, U.S. 2003: CDC/NCHS, National Vital Statistics System



Diabetes-Related

Age-Adjusted Death Rates

Deaths per 100,000 population



Source: Health, U.S. 2006, CDC/NCHS, National Vital Statistics System



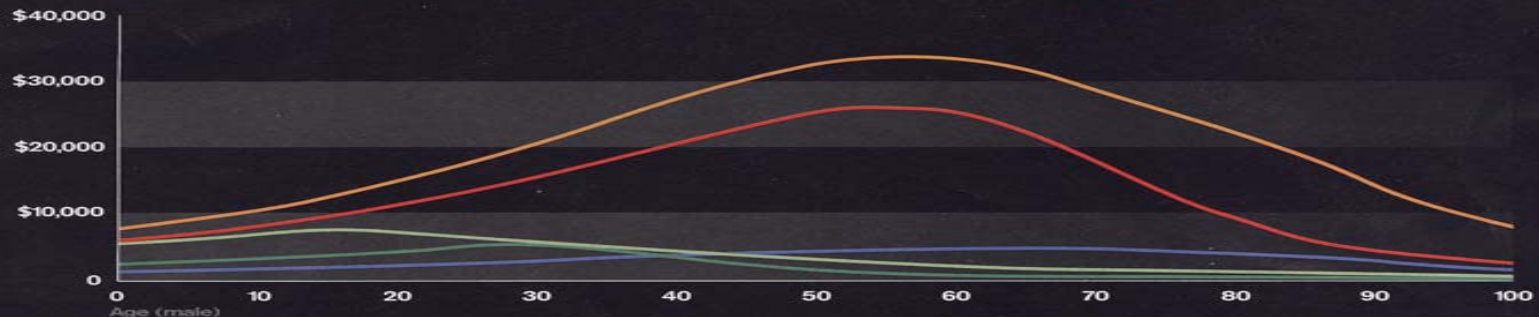
Well Worth the Cost

Why preventing deaths would be a boon to the US economy.

How much would you pay to cure your mom's cancer? Your dad's bad heart? You may not be able to put a price on a loved one's life, but economists can. A recent study found that reducing the US death rate from cancer by just 1 percent would be worth nearly \$500 billion to the economy over the long haul. A cure? About \$50 trillion. That's because when people live longer, they typically work longer, and that productivity contributes to the nation's wealth. In fact, during the past century, increases in life expectancy were worth an average of \$1.2 million per person. Here's a look at five top causes of death in the US and what we'd gain by preventing them. — Michael Reilly

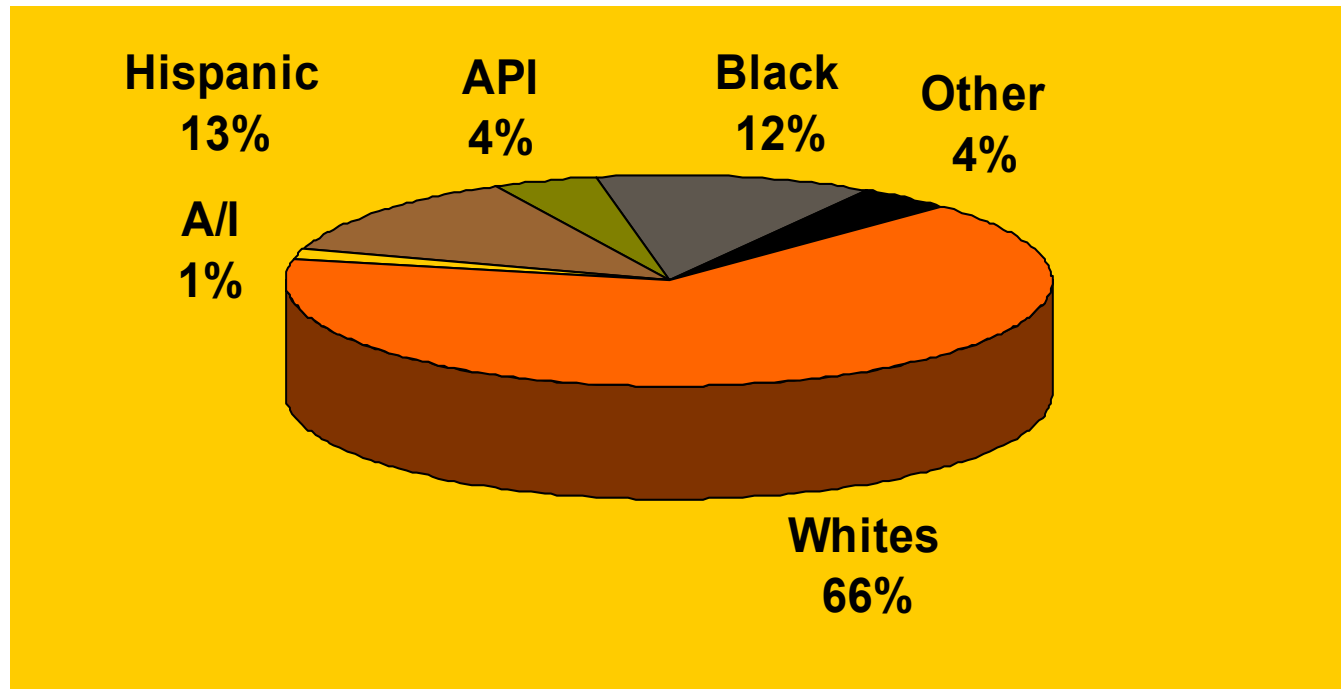


» Per-person value of a 10 percent reduction in mortality, by cause





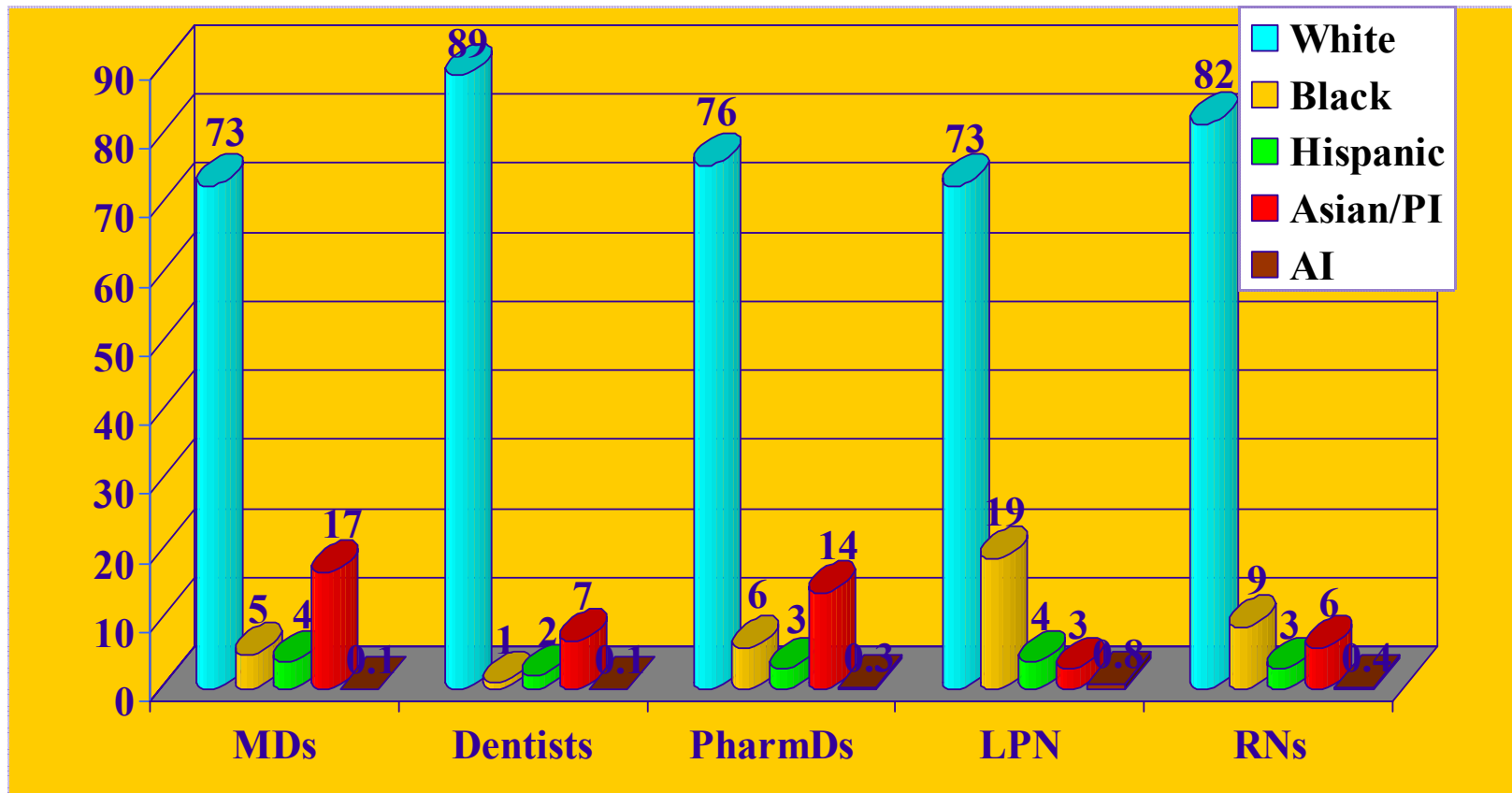
Demographic Trends



US Census Demographic Estimates by Race:2001



Racial and Ethnic Distribution of Selected Health Professions: *Source: HRSA, U.S. Census 2000*





Language Diversity in U.S.

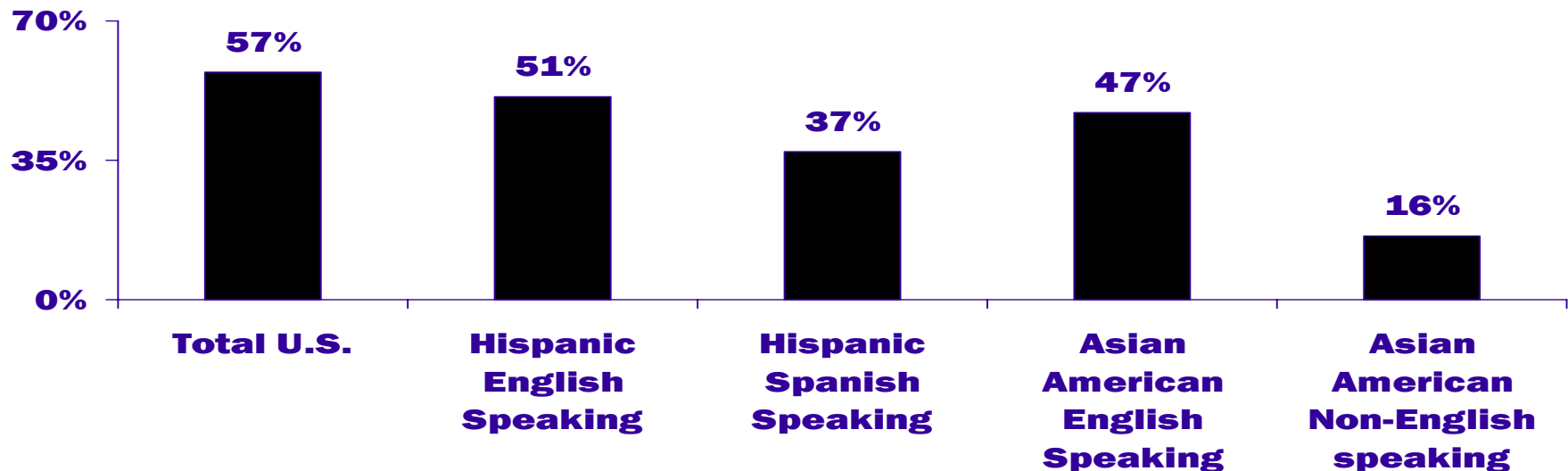
- ◆ ***Spanish - 28 million***
- ◆ ***Chinese -2 million***
- ◆ ***French - 2 million***
- ◆ ***German - 1.3million***
- ◆ ***Tagalog - 1.1 million***
- ◆ ***Vietnamese- 1 million***

- ◆ ***Source: U.S. Census 2000***
(Ages 5 and over)



Non-English* Speakers Have More Difficulty Understanding Instructions from Doctor's Office

Percent of adults reporting it very easy to understand information from doctor's office



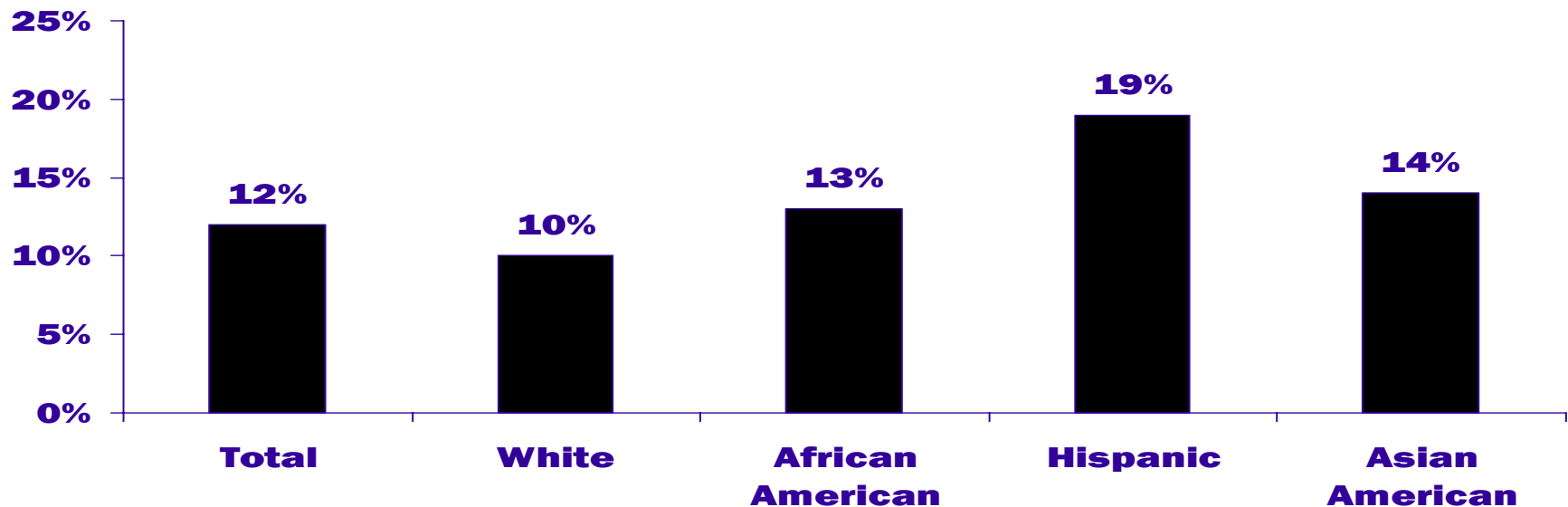
**** English is not primary language spoken at home.***

Source: The Commonwealth Fund 2001 Health Care Quality Survey.



Minorities More Likely to Forgo Asking Questions of Their Doctor

Percent of adults reporting they had questions which they did not ask on last visit



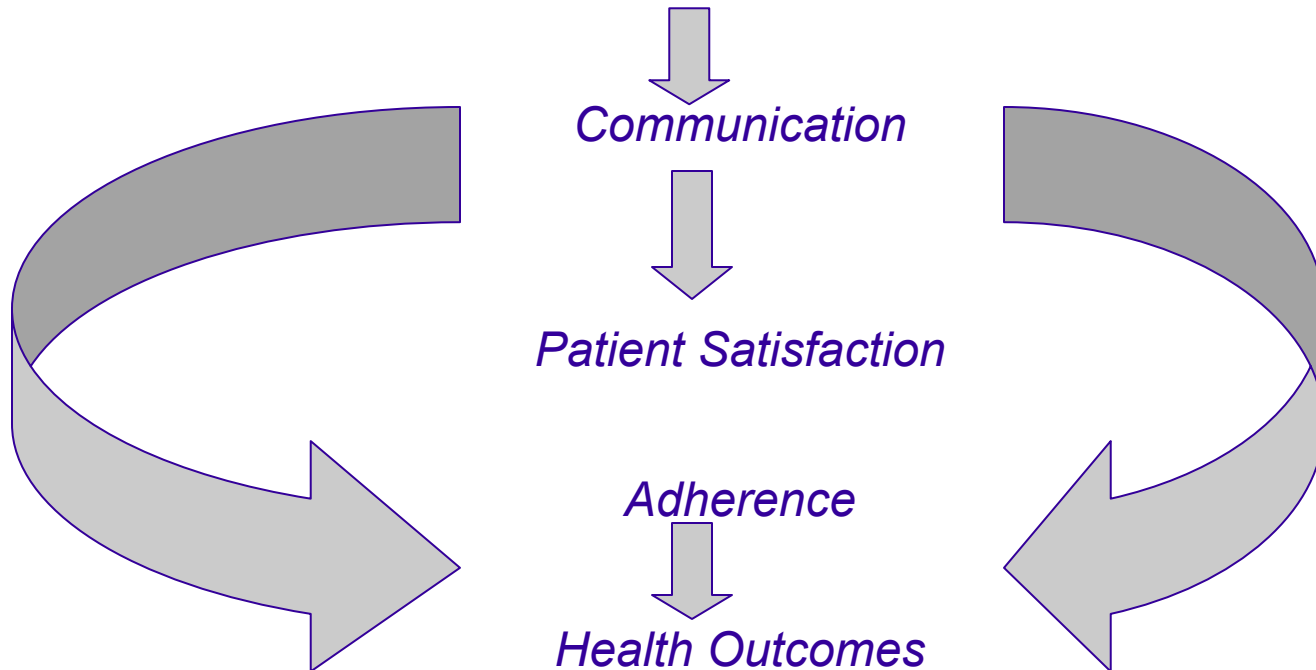
Base: Adults with health care visit in past two years.

Source: The Commonwealth Fund 2001 Health Care Quality Survey.



Communication A link to Outcomes

How do we link communication to outcomes?





The OMH Center for Linguistic and Cultural Competence in Health Care

- ◆ *Mandated by Congress to address language barriers of Limited English Proficient (LEP) individuals*
- ◆ *Develop and evaluate projects to increase language access for racially and ethnically diverse populations*



OMH Cultural Competency Projects

- ◆ *National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS)*
- ◆ *Cultural Competence Curriculum Modules for Physicians (CCCMs)*
- ◆ *Cultural Competence Curriculum Modules for Registered Nurses (CCNMs)*

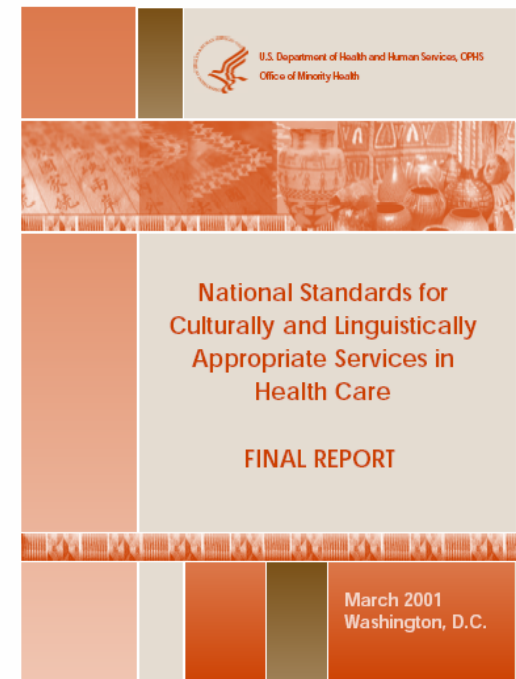


CLAS Standards

- ◆ **National Standards (14) for Culturally and Linguistically Appropriate Services in Health Care (CLAS) were developed by OMH as a means to improve access to health care for minorities, reduce disparities, and improve quality of care.**

Three themes:

- **Culturally Competent Care(1-3)**
- **Language Access Services(4-7)**
- **Organizational Supports(8-14)**





The Cultural Competency Curriculum Modules (CCCMs)

- ◆ *Increasing racial and ethnic diversity of U.S. population demands new skills from physicians*
- ◆ *Lack of cross-cultural training programs*
- ◆ *Enhance physician's/nurses communication skills- improving healthcare for all patients;*
- ◆ *Improve health of racial and ethnic minority populations*

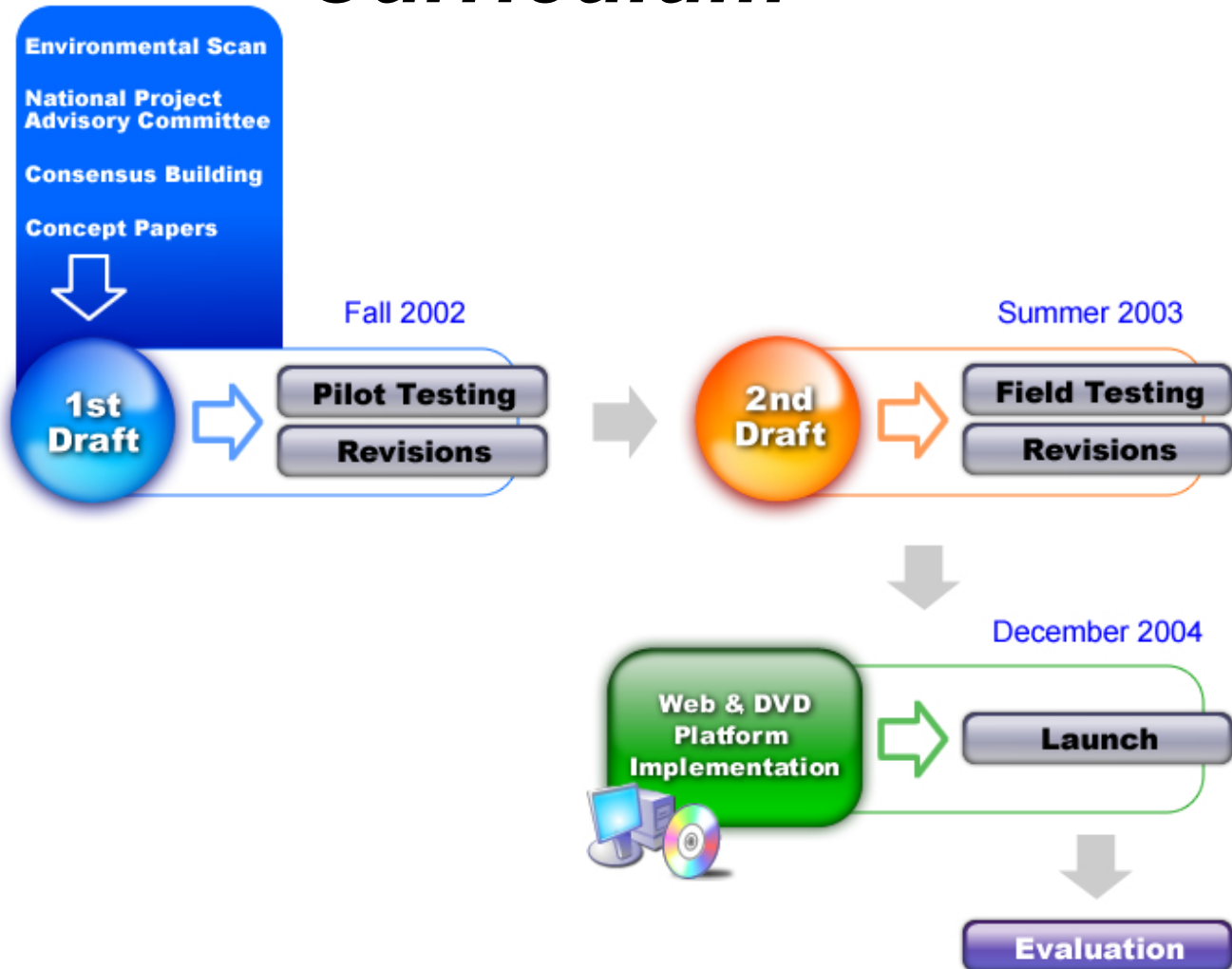


A Physician's Practical Guide to Culturally Competent Care

- ◆ *Continuing Medical Education (CME)/ Continuing Education Unit (CEU) accredited training course comprised of nine modules*
 - *Physicians*
 - *Nurses*
 - *Pharmacists*
- ◆ *Offered online at no cost*
- ◆ *Launched in December 2004:
www.thinkculturalhealth.org*



Development Process of the Curriculum





Curriculum Design and Features

Participants can:

- ◆ Watch streaming video case studies
- ◆ Answer pre- and posttests that provide immediate feedback
- ◆ Take surveys
- ◆ Receive instant online grading and CME/CEU certification
- ◆ Order the complementary DVD supplement
- ◆ View other providers' comments

The screenshot shows the 'CCCM - Home Page' of the 'United States Department of Health & Human Services, Office of Minority Health'. The page title is 'A Family Physician's Practical Guide to Culturally Competent Care'. It features a navigation bar with 'Home', 'Physician Program', and 'CME Info'. The main content area includes a 'Course Login' section for returning users and new users, a 'Course Information' section describing the program as a continuing medical education activity, and a 'What's New?' section with a quote from Robert C. Like, MD, MS. The right sidebar contains a 'Why Culturally Competent Care?' section, a 'Case Highlights' section featuring a video case study about a young Hispanic doctor, and a 'Cultural Fact' section. The footer includes logos for SAIC, Astute, and Professional Education Services Group, along with copyright and compliance information.



What Makes This Program Unique?

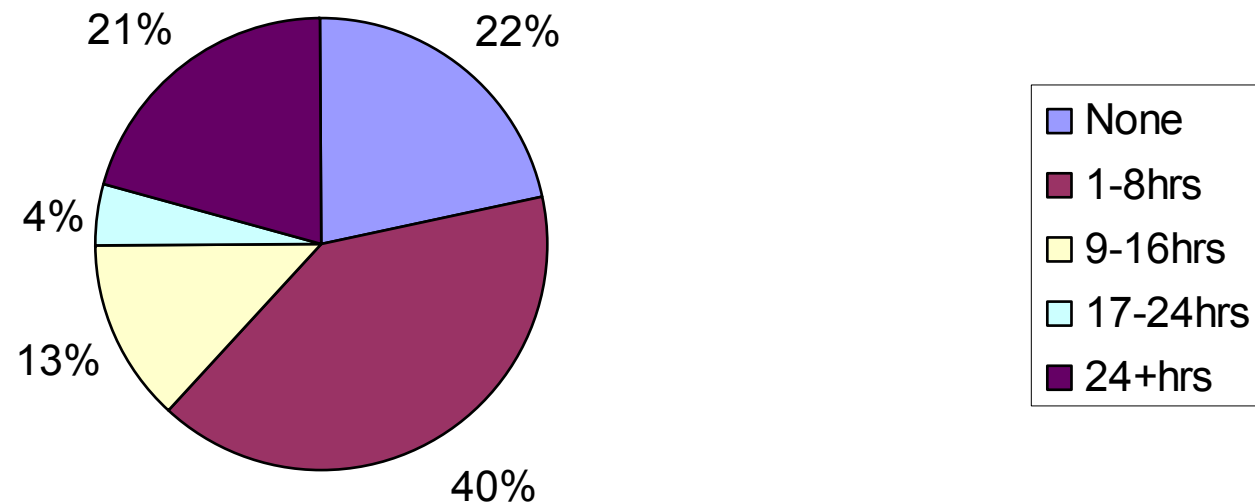
- ◆ *Offered at no cost to providers*
- ◆ *Continuous quality improvement*
 - *Resources updated quarterly*
 - *Ongoing enhancements based on feedback*
- ◆ *Continuous tracking and monitoring*
- ◆ *DVD supplement enables group learning*
- ◆ *Partnership with CMS*
 - *Facilitator Guide for group learning*





User Profile: Previous Training

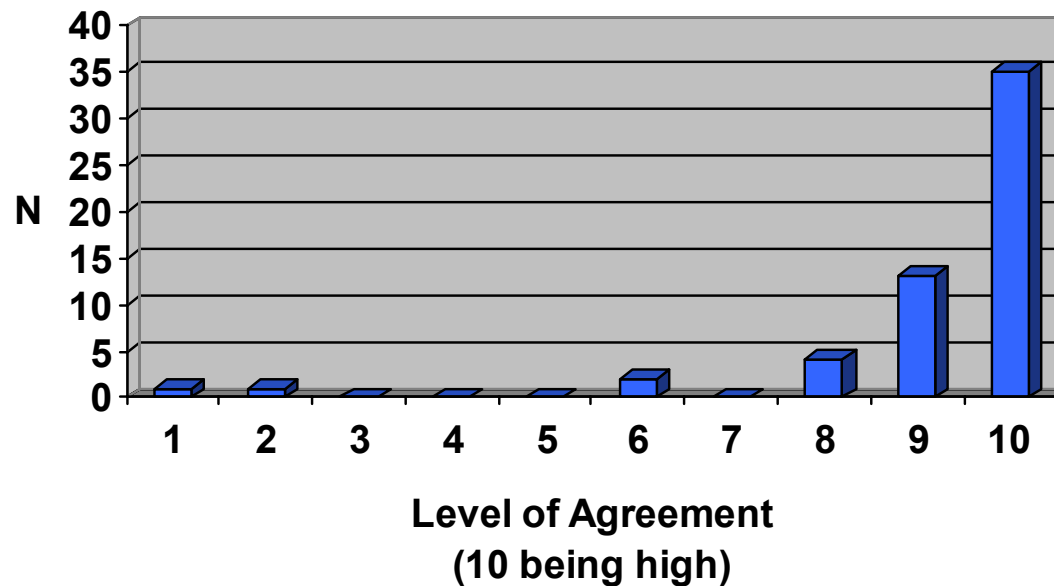
Previous Cultural Competency Training





Focus Group Questionnaire Highlights

All health care professionals should receive cultural competency training.





CCCM At A Glance

Statistics as of January 31, 2007

- ◆ *Program launch: December 6, 2004*
- ◆ *8,309 Registered users*
- ◆ *Credits awarded:*
 - *CME: 16,062*
 - *Nursing CEU: 5,848.2*
 - *Pharmacy CEU: 168*
- ◆ *70% Female*
- ◆ *67% White*
- ◆ *Largest age group: 45-54*
- ◆ *Top specialties:*
 - *Family Practice*
 - *Internal Medicine*
 - *Pediatrics*



Culturally Competent Nursing Care: A Cornerstone of Caring

- ◆ *March 16, 2007 launched new continuing education program for nurses*
- ◆ *Accredited for 9 CNEs-American Nurses Credentialing Center's Commission on Accreditation*
- ◆ *Web-based program, 24-7, at no cost to the participants.*
- ◆ *<http://www.thinkculturalhealth.org>*



Resources

- ◆ *U.S. Dept. of Health and Human Services, OMH: www.omhrc.gov*
- ◆ *OMH: www.thinkculturalhealth.org*
- ◆ *U.S. Office of Civil Rights: www.ocr.gov*
- ◆ *Cross Cultural Health Care www.diversityrx.org*
- ◆ *National Center for Cultural Competence: www.dm1.georgetown.edu*
- ◆ *Health Resources Service Administration: www.hrsa.gov*



Future Efforts

- ◆ *Evaluation-Impact of training programs*
- ◆ *Phased patient-based curriculum evaluation*
- ◆ *Incorporate more clinical outcomes content*





“I will now take questions from the floor”